## FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	May 31, 2005						
Estimated average burden							
hours per response 16.00							

	SEC	USE ONL	Y
Prefix			Serial
	DATE	RECEIV	ED
	- 1		

Name of Offering	(□ check if this is	an amendment an	d name has chang	ged, and indicate c	hange.)	1039189
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	X Rule 506	☐ Section 4(6)	□ ULÕE
Type of Filing:	New Filing	☐ Amendmer	nt			1000
		A. BAS	IC IDENTIFIC	CATION DATA	ART BU	700.
1. Enter the inform	ation requested about	the issuer			200	
Name of Issuer (□ ch	neck if this is an amend	lment and name h	as changed, and i	ndicate change.)	WASH, OC 18	
Bradley Operating I	_imited Partnership				180,00	
Address of Executive			Street, City, Stat		Telephone Numb	per (Including Area Code)
c/o Heritage Proper	ty Investment Trust, 1	Inc., 131 Dartmo	uth Street, Bosto	on, MA 02116	(617) 247-2200	<u> </u>
Address of Principal		(Number and	Street, City, Stat	e, Zip Code)	Telephone Numb	per (Including Area Code)
(if different from Exe	cutive Offices)					
Brief Description of I	Business:					-
Ownership of comm	ercial real estate					
Type of Business Org	ganization			,	-	
□ corporation		X limited par	tnership, already	formed	other	(please specifyROCESSE
□ business trust		☐ limited par	tnership, to be fo	ormed		r R U C E D D C L
			Mont	n Year		0 ~ 200
Actual or Estimated I	Date of Incorporation of	or Organization:	<b>⊥0</b> ⊥	9   9   3	X Actua	□ Estimated JAN 05 2005
Jurisdiction of Incorp	oration or Organizatio	n: (Enter two-let	ter U.S. Postal Se	rvice abbreviation	for State:	
		CN for Canad	la; FN for other f	oreign jurisdiction	) <u>D</u> E	THOMSON SINANCIAL
GENERAL INSTRU	UCTIONS					1)

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>								
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director	X General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Heritage-Austen Acquisition								
Business or Residence Addr c/o Heritage Property Inve								
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	X Executive Officer	X Director	☐ General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Prendergast, Thomas C.								
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code	)					
c/o Heritage Property Inve								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, Gaw, David G.	if individual)							
Business or Residence Addr c/o Heritage Property Inve	-	•						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, Anderson, Bruce A.	if individual)							
Business or Residence Addi	,							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, Faberman, Stephen H.	if individual)							
Business or Residence Addi	ess (Number and S	Street, City, State, Zip Code	)					
c/o Heritage Property Inve	estment Trust, Inc	., 131 Dartmouth Street, B	oston, MA 02116					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, O'Sullivan, Patrick H.	if individual)							
Business or Residence Addr c/o Heritage Property Inve	•							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, Prendergast, Robert G.	if individual)							
Business or Residence Addi	•	•						
	(Use bla	nk sheet, or copy and use addit	•	necessary.)				
~CHGO1:30525315.v1		3 o	f 11					

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Rodenstein, Barry	if individual)									
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	)							
c/o Heritage Property Investment Trust, Inc., 131 Dartmouth Street, Boston, MA 02116										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Sweetser, David	if individual)									
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	)							
c/o Heritage Property Inv	•	• • • • • • • • • • • • • • • • • • • •	•							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Zicht, Louis C.	if individual)									
	`	Street, City, State, Zip Code	,							
c/o Heritage Property Inv										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	X Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Barry, Joseph L. Jr.										
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	)							
c/o Heritage Property Inv	estment Trust, Inc	c., 131 Dartmouth Street, I	Boston, MA 02116		,					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	X Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Garrison, Richard C.										
	-	Street, City, State, Zip Code	•							
c/o Heritage Property Inv	estment Trust, In	c., 131 Dartmouth Street, I	Boston, MA 02116							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or  Managing Partner					
Full Name (Last name first,	if individual)									
Laughton, David W.										
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	)							
c/o Heritage Property Inv	estment Trust, In	c., 131 Dartmouth Street, I	Boston, MA 02116		<u> </u>					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or Managing Partner					
Full Name (Last name first, Phelan, Kevin C.	if individual)									
	ress (Number and	Street, City, State, Zip Code	)							
c/o Heritage Property Inv	estment Trust, In	c., 131 Dartmouth Street, I	Boston, MA 02116							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or Managing Partner							
Full Name (Last name first, Cammarata, Bernard	if individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)												
c/o Heritage Property Investment Trust, Inc., 131 Dartmouth Street, Boston, MA 02116												
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or Managing Partner							
Full Name (Last name first, Quigley, Kenneth K. Jr.	if individual)											
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code	)									
c/o Heritage Property Invo	estment Trust, Inc	., 131 Dartmouth Street, E	Boston, MA 02116									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	X Director	☐ General and/or Managing Partner							
Full Name (Last name first, Vaughn, William M. III	if individual)											
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code	)	· · · · · · · · · · · · · · · · · · ·								
c/o Heritage Property Inv	estment Trust, Inc	., 131 Dartmouth Street, I	Boston, MA 02116									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	X Director	☐ General and/or Managing Partner							
Full Name (Last name first, Watson, Robert J.	if individual)											
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code	)									
c/o Heritage Property Inv		•										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	X Director	☐ General and/or Managing Partner							
Full Name (Last name first,	if individual)											
Reardon, Richard												
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code	)									
c/o Heritage Property Inv	estment Trust, Inc	., 131 Dartmouth Street, I	Boston, MA 02116									
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner							
Full Name (Last name first,	if individual)											
Heritage Property Investr	nent Trust, Inc.											
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code	)									
131 Dartmouth Street, Bo	ston, MA 02116											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first,	if individual)											
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code	)									
	(Use bla	nk sheet, or copy and use addit	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)									

				B. INF	ORMATI	ION ABO	UT OFFE	RING	3.1			
				,							Yes	No
1. Has	the issuer	sold, or do	es the issuer				d investors if filing unde		ring?	•••••••••••••••••••••••••••••••••••••••	. 🗆	X
2. Wh	at is the mi	nimum inv	estment that									196.54
3. Do	es the offeri	ng permit j	joint owners									No □
con offe and asse	nmission or ering. If a lor with a ociated pers	person to state or state ons of suc	quested for emuneration be listed is ates, list the habroker o	for solic an associ- name of	itation of ated persor the broker	purchasers n or agent or dealer.	in connection of a broke	ction with s or dealer han five (5	sales of se registered ) persons t	curities in with the look	the SEC	
Full Nai	me (Last na	me first, if	individual)									
Busines	s or Reside	nce Addres	ss (Number	and Street,	City, State	e, Zip Cod	e)				,	
Name o	f Associated	d Broker o	r Dealer									
States in	n Which Per	rson Listed	Has Solicit	ed or Inter	nds to Solid	cit Purchas	ers					
(Ch	eck "All St	ates" or ch	eck individu	ual States)	****************	•••••	• • • • • • • • • • • • • • • • • • • •			•••••••	□ All S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last na	me first, if	individual)									
Busines	s or Reside	nce Addres	ss (Number	and Street	, City, Stat	e, Zip Cod	e)					
Name o	f Associate	d Broker o	r Dealer							·		
States in	n Which Per	rson Listed	Has Solicit	ted or Inter	nds to Soli	cit Purchas	ers					
(Ch	neck "All St	ates" or ch	eck individ	ual States)						•••••	□ All S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last na	me first, if	individual)									
Busines	s or Reside	nce Addres	ss (Number	and Street	, City, Stat	e, Zip Cod	e)					
Name o	f Associate	d Broker o	r Dealer									
States in	n Which Pe	rson Listed	Has Solicit	ted or Inter	nds to Soli	cit Purchas	ers	*			:	
(Ch	neck "All St	ates" or ch	eck individ	ual States)		•••••					<b>□</b> All S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	С	Aggregate Offering Price			t Already old
	Debt	\$		\$		
	Equity					
	□ Common □ Preferred			-		
	Convertible Securities (including warrants)	\$_		\$		
	Partnership Interests					
	Other (Specify)					
	Total					
2.	Answer also in Appendix, Column 3, if filing under ULOE.  Enter the number of accredited and non-accredited investors who have purchased securities in this					
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Agg	regate
			Number Investors			Amount rchases
	Accredited Investors		-	;	<u>6,</u>	<u>152,510</u>
	Non-accredited Investors			,	§	
	Total (for filings under Rule 504 only)	_	<del>.</del>	,	\$	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.					
	Type of offering		Type of Security			Amount old
	Rule 505			:	S	
	Regulation A		_		 S	
	Rule 504					
	Total					
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		
	Printing and Engraving Costs					
	Legal Fees					20,000
	Accounting Fees.					20,000
	Engineering Fees.					
	Sales Commissions (specify finders' fees separately)					
	Other Expenses (identify)			Ψ.		
	Total			φ. Φ.		20,000
	· Vul		А	Φ.		20,000

	b. Enter the difference between the aggregate of					
	total expenses furnished in response to Part proceeds to the issuer."	•		\$		6,132,510
5.	Indicate below the amount of the adjusted gro the purposes shown. If the amount for any pu left of the estimate. The total of the payment forth in response to Part C—Question 4.b above	rpose is not known, furnish an est s listed must equal the adjusted g	imate and check the box gross proceeds to the iss	to the	; ]	Payments to Others
	Calarian and Gara		П		п,	
	Salaries and fees  Purchase of real estate					
	Purchasing, rental or leasing and installati					
	Construction or leasing of plant buildings					
	Acquisition of other businesses (including			Ψ		D
	offering that may be used in exchange for issuer pursuant to a merger)	the assets or securities of another		\$		ŝ
	Repayment of indebtedness					
	Working capital					
	Other (specify):			\$		\$
				\$		\$
	Column Totals					
	Total Payments Listed (column totals add	ed)		□ \$ <u>6,</u>	132,5	510
		D. FEDERAL SIGNATU	IRE .			<del></del>
sign	e issuer has duly caused this notice to be signed be nature constitutes an undertaking by the issuer to primation furnished by the issuer to any non-accr	furnish to the U.S. Securities and	Exchange Commission,			
Íssi	uer (Print or Type)	Signature		Date		<del></del>
by Ge	adley Operating Limited Partnership Heritage-Austen Acquisition, Inc., its neral Partner	Top fale		12/24/04		
	me of Signer (Print or Type)	Title of Signer (Print or Type)				
S	zphen Faherman	Via Prestt, G	ryorate Ginsel	+ Secret	ary	
		=: : <del>- = = - = - = - = - = - = - = - = - = </del>				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## E. STATE SIGNATURE Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such Yes No rule? X See Appendix, Column 5, for state response. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date 12/24/04 **Bradley Operating Limited Partnership** by Heritage-Austen Acquisition, Inc., its **General Partner** Name of Signer (Print or Type) Title of Signer (Print or Type) Vice Creidt, Coprate Gusel + Secretary

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.